



**Application For  
Property Tax Assistance Program**  
As Provided By 15-6-134 and 15-6-191, MCA

**MONTANA**  
PPB-8  
Rev. 11-06

\_\_\_\_\_ County

This form, including all supporting documentation, must be returned to your local DOR Office before March 15th or no reduction will be allowed.

- For Office Use Only -

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Geocode: \_\_\_\_\_

School District: \_\_\_\_\_

Assessment Code: \_\_\_\_\_

(I) / (We) own a mobile/manufactured home or home that may include land up to 5 acres, and occupied that same residence for at least 7 months a year; my tax filing status is: (Check one)

**single (\$18,801);**

**married (\$25,068);** or

**head of household\* (\$25,068);** and my total income from last

year, including otherwise tax exempt income of all types, does not exceed the amount listed next to the filing status I have checked above. (\*If claiming head of household, you must complete the information at the bottom of the form)

**Total Annual Income From All Sources**

Please list your total annual income from all sources including otherwise tax-exempt income of all types for the calendar year preceding the year of application.

\$ \_\_\_\_\_ Employment Income

\$ \_\_\_\_\_ Net Business Income Before

Depreciation and/or Depletion

(Copy of IRS Schedule C, E or F must be attached)

\$ \_\_\_\_\_ Net Rental Income Before

Depreciation and/or Depletion

(Copy of IRS Schedule E must be attached)

\$ \_\_\_\_\_ Social Security (Gross from Federal Form 1099)

Do not include social security paid directly to a nursing home or social security for dependent children.

\$ \_\_\_\_\_ Disability Income

\$ \_\_\_\_\_ Unemployment Benefits

\$ \_\_\_\_\_ Any Other Income (Lottery, etc.)

Pension Income

Railroad

Teachers

Employment

Veterans

Any Other

Aid to Dependent Children

Maintenance (Alimony)

Child Support

Interest Income (From all sources such as bank, checking and investment accounts)

Total Income \$ \_\_\_\_\_

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**Head of Household Information**

Head of household information (to be completed by the applicant)

Name of Dependent

SSN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Department Use Only**

☐ Approved

☐ Disapproved

**Codes:**

Income			Class Codes		
Single	M/H	%	Land	IMP	MOB
\$ 0-\$ 7,521	\$ 0-\$10,027	20	2132	3137	6237
\$ 7,522-\$11,532	\$10,028-\$17,548	50	2135	3140	6240
\$11,533-\$18,801	\$17,549-\$25,068	70	2137	3142	6242